

FILL OUT ALL BLANKS

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH	
County	Apache		BUREAU OF VITAL STATISTICS	State Index No.
District			ORIGINAL CERTIFICATE OF DEATH	County Registered No. 40
Town	Cooley			Local Registrar's No.
Or City			No.	St.
(If death occurred in a Hospital or Institution, give its NAME in stead of street and number.)				
FULL NAME Sanford T. Farr				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX	Color or Race	SINGLE	DATE OF DEATH	
Male	White Indian	MARRIED	July 27 th 1920	
	Black Chinese	WIDOWED	(Month) (Day) (Year)	
	Mexican	or DIVORCED		
DATE OF BIRTH			I hereby certify, that I attended deceased from 7/20 to 7/27 1920; that I last saw him alive on 7/27 1920 and that death occurred on the date stated above at 1 P.M. The DISEASE or INJURY causing Death was as follows:	
Nov 3 rd 1919			(Month) (Day) (Year)	
AGE			Cholera infantum	
8 yrs. 23 mos. 23 days			(Duration) yrs. mos. days	
If less than 1 day, hrs., or min.			Was disease contracted in Arizona? Yes	
OCCUPATION			If not, where?	
(a) Trade, profession or particular kind of work			CONTRIBUTORY	
None			(Duration) yrs. mos. days	
(b) General nature of industry, business, or establishment in which employed or (employer)			(Signed) M. M. Wilson	
BIRTHPLACE			7/27 1920 (Address) Cooley Ariz.	
(State or country) Arizona			*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDE.	
NAME OF FATHER			LENGTH OF RESIDENCE	
J. G. Farr			At place of death yrs. 8 mos. 23 ds. In Arizona yrs. mos. ds.	
BIRTHPLACE OF FATHER			Former or Usual Residence	
(State or country) Arizona			July 27 1920 J. H. Dingus	
MAIDEN NAME OF MOTHER			Filed	
Iris Flake			ang 10 1920	
BIRTHPLACE OF MOTHER			Local Registrar	
(State or county) Arizona			ang 10 1920	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE			CO. Supt. of Health	
(Informant) Joseph T. Farr				
(Address) Cooley, Ariz.				
PLACE OF BURIAL OR REMOVAL				
Snowflake Ariz.				
DATE OF BURIAL OR REMOVAL				
7/28 1920				
UNDERTAKER				
None				
ADDRESS				